Women's Lacrosse - ENTRY FEE $55. Turn in completed entry form and signed waiver with check payable to Virginia Amateur Sports to your regional coordinator.

Full Name:_____

Birthdate:____/____/____ **T - Shirt Size:** _____

Permanent Address:_____
Street Address Apt.

City/State/Zip_____

Phone Number: (_____)_____ Email _____

****

School:_____ **Last Grade Completed:**_____

Coach:_____

Accomplishments, individual and team - include scholastic honors:
(Write on back of this sheet if more room is needed.)

_____

_____

_____

Release and Waiver of Liability

I am aware that during my participation and attendance at the Coventry Commonwealth Games of Virginia ("Games") and related services and activities, Virginia Amateur Sports, Inc. and its agents, employees and associates ("Sponsor"), will be providing various facilities and arrangements for the Games, and that certain risks and dangers may occur, including but not limited to, hazards inherent in the sport(s) in which I will be training preparing or competing; negligent or other careless acts and omissions by other participants, spectators and the Sponsor; and hazardous or dangerous conditions of the facilities and grounds used as part of the Games.

In consideration of the acceptance of my entry by the Sponsor and the right granted to me to participate in and attend the Games and related activities, I do hereby assume all of the above risks and waive and release any and all claims or causes of action of every kind and nature which I may now or hereafter have against the Sponsor, the Coventry Commonwealth Games of Virginia, the Governor's Commission of Sports an Fitness, the National Governing Bodies, the owners of the facilities and grounds used in the Games and each of their directors, officers, agents, representatives, successors and assigns. The terms herof shall serve as a release, waiver and assumption of risk for my heirs, executors and administrators and for all members of my family, including any minors accompanying me.

Consent to Treatment

Additionally, in consideration and acceptance of my entry by the Sponsor and the right to participate in and attend the Games and related activities, i consent to receive any and all Emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents.

Athlete's Signature_____(If 18 years of age or older)

I consent to the above conditions and agree personally and on my child's behalf, to release, waive and assume the risks of any claims or causes of action which my child or I may now or hereafter have against each of the organizations and individuals listed above, and consent to allow my child to receive emergency medical treatment.

Parent/Guardian Signature_____(If 17 years of age or younger)